Department of Health & Human Services Centers for Medicare & Medicaid Services 61 Forsyth St., Suite. 4T20 Atlanta, Georgia 30303-8909

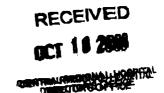


October 9, 2008

Dr. Michael Lancaster, Interim CEO Central Regional Hospital 300 Veazey Road Butner, NC 27509

RE: CCN: 34-4001

Dear Dr. Michael:



Section 1865 of the Social Security Act and implementing regulations 42 CFR 482, provide that a hospital accredited by the Joint Commission or the American Osteopathic Association will be "deemed" to meet all the Medicare Conditions of Participation with the exception of utilization review. Section 1864 of the Act requires the Secretary of Health and Human Services to conduct a survey of an accredited hospital participating in Medicare if there is a substantial allegation of a serious deficiency or deficiencies which would, if found to be present, adversely affect the health and safety of patients. If, in the course of such a survey, a hospital is found to have significant deficiencies with respect to compliance with the Conditions of Participation, we are required, following timely notification to the accrediting body, to keep the hospital under Medicare State Agency survey jurisdiction until the hospital is in compliance with all the Conditions of Participation.

We have received a report of the deficiencies found by the North Carolina State Survey Agency during its recent substantial allegation survey of your hospital on September 25, 2008. Based on this report, we find that Central Regional Hospital is not in compliance with all the Conditions of Participation for hospitals. A complete listing (CMS-2567) of all deficiencies found by the North Carolina State Survey Agency is enclosed. These deficiencies have been determined to be of such serious nature as to substantially limit your hospital's capacity to render adequate care and prevent it from being in compliance with all the Conditions of Participation for hospitals.

Central Regional Hospital was found not in compliance with the provisions of:

42 CFR 482.12 Governing Body 42 CFR 482.22 Medical Staff

In accordance with section 1865(b) of the Social Security Act, the North Carolina State Survey Agency will conduct a full survey of your hospital to assess compliance with all the Medicare Conditions of Participation.

#### Page 2

After the completion of the Medicare survey, Central Regional Hospital will be asked to submit to the North Carolina State Survey Agency and CMS an acceptable plan of correction for the deficiencies cited that will include acceptable completion dates. An acceptable plan of correction must contain the following elements:

- 1) The plan of correcting the specific deficiency cited. The plan should address the processes that lead to the deficiency cited;
- 2) The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- 3) The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
- 4) The title of the person responsible for implementing the acceptable plan of correction.

The requirement that Central Regional Hospital must submit a plan to correct its Medicare deficiencies does not affect its accreditation, its Medicare payments, or its current status as a participating provider of hospital services in the Medicare program. When Central Regional Hospital's plan of correction has been implemented and it has been found to meet all the Medicare Conditions of Participation for hospitals, the State agency will discontinue its survey jurisdiction.

Under CMS regulations 42 CFR498.3, this notice of findings is an administrative action, not an initial determination by the Secretary, and therefore formal reconsideration and hearing procedures do not apply.

Copies of this letter are being forwarded to the North Carolina State Survey Agency, and the Joint Commission. You can pursue your concerns with the Joint Commission on Accreditation of Healthcare Organizations at any time, if you so prefer.

If you have any questions, please contact Janetta Booker at (404) 562-7343.

Sincerely,

Sandra M. Pace

Associate Regional Administrator
Division of Survey & Certification

fanacho Burba

Enclosures (CMS-2567)
Cc:JCAHO/AOA
State Agency

#### **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

PRINTED: 10/03/2008 FORM APPROVED

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	Granville County Sate one organized and in operating under one of the country of	In Granville County.  Unty Satellite A location and allite B location failed to have tegrated Medical Staff set of Medical Staff Bylaws the facility's operations.					
	~Cross refer to 482.2 Medical Staff, Conditi	22 Condition of Participation: on, Tag A0338.					
	at 1630 revealed Hos ability to provide minit	inistrative staff on 9-25-08 pital A did not have the mal emergency lab services. d blood specimens are A and transported to 6.					
A 167	482.13(e)(4)(ii) PATIE	NT RIGHTS: RESTRAINT		167			
ABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURI	<del></del>		TITLE		(XS) DATE

Any deficioncy statement ending with an esterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 80 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility if deficiencies are cited, an approved plan of correction is requisite to continued program perticipation.

(X6) DATE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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A 167	(ii) implemented in a appropriate restraint determined by hospit State law.  This STANDARD is Based on facility policincident report review and staff interview, the ensure safe and apprentices.	or seclusion must be—] ccordance with safe and and seclusion techniques as al policy in accordance with  not met as evidenced by cy and procedure review, rs, medical record review te facility staff failed to ropriate restraint techniques	A 167	7		
	reviewed. (#4)  The findings include:  Review of hospital po Interventions - Medica 2008 revealed "Purpo proper use, documen safety in the use of m	al Restraints" effective June, ose: B. To assure the tation, consent, care and edical restraintsH				
	Other Interventive Pro 17, 2005 revealed "Pr Restraints shall be us with NCI training guide	licy "Seclusion, Restraint, & ocedures" effective January ocedures: E. Restraint. ed only: 1) in accordance elines;"		·		
į	of physical abuse was 09/12/08 through 09/1 revealed the alleged in 09/09/08. Review revealed based of substantiated based of the physical	i Investigated for pt #4 from 8/08. Further review				

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/03/2008 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER. COMPLETED A. BUILDING C B. WNG 3440D1 09/25/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 300 VEAZEY ROAD CENTRAL REGIONAL HOSPITAL BUTNER, NC 27509 **BUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL (XG) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) A 167 Continued From page 2 A 167 review revealed staff put their knee on the pt's leg (thigh) while placing the pt's extremity in a restraint. Review of open medical record for pt #4 revealed a 52 year old male admitted on 11/17/07 with dementia and chronic back pain with behavior disorder Review of physician's orders dated 09/09/08 at 0730 revealed a verbal order written by nursing staff for "Pt. placed in therapeutic manual hold x (times) 2 min. (minutes) to remove pt from attempting to harm himself & place him in 4 point restraints to calm down safely. Review of Restrictive Intervention Procedures Assessment Flowsheet revealed documentation of the patient was placed in manual and mechanical restraints at 0710. Review of restrictive intervention flowsheet revealed pt was released from restraint at 1020. Interview with patient advocacy staff on 09/24/08 at 1530 revealed during the viewing of the video, it was noted that improper restraint techniques were used to restrain pt #4. Further Interview revealed investigation was opened on 09/12/08 and concluded on 09/18/08 with substantiated findings of patient abuse related to the Improper restraint technique. Interview with administrative nursing staff on 09/25/08 at 1035 revealed the investigative report is sent to the risk manager and the unit nurse manager after completion. Interview revealed the nurse manager conducts a separate investigation from the pt advocacy office. Further interview revealed after the nurse manager completes his/her investigation, he/she will send recommendations for disciplinary action and re-education to the chief nursing office. Further

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A 167	forward the disciplin re-education information. Resource office in Risecretary of the Depthere was a nurse at technicians involved interview revealed differ all staff involved, re-educated on the appropriate hold technicians involved.	ne chief nursing office will ary action and any ation to the personnel/Human caleigh and notify the partment. Interview revealed not two health care in the incident. Further elsciplinary action was taken interview revealed staff were application of restraints with hinques reviewed.	A	167				
	staff that operates up governing body and of medical care provinospital.  This CONDITION is Based on review of the Manual, Medical Staff Psychological Staff and staff interviews, Granville County, in Satellite A location a Biocation failed to hintegrated Medical Staff Byla facility's operations.  The findings include.  On September 23, 20 staff provided the Byla Hospital A for review 1430 Hospital A admissecond set of Medical Second	ave an organized medical inder bylaws approved by the is responsible for the quality ided to patients by the not met as evidenced by: the Administrative Policy iff Bylaws, Medical / Bylaws, Credentials Manual Hospital A located in cluding a Wake County and Granville County Satellite ave one organized and taff operating under one set we and Rules governing the	A:	338				

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	Continued From page Psychological Staff B for (name of Satellite Review of the two Me Credentials Manuals revealed two distinct; Staff Bylaws for Imple the following:  a) Medical /Psycholo Satellite A location in 2007  b) Bylaws of the Med 29, 2008 c) Credentials Manual location in Wake Cound Hospital A Medical June 29, 2008 Review of the introdu /Psychological Staff B location in Wake Counthe Medical / Psychological Staff B location in Wake Coun	ylaws," revealed the bylaws A campus).  dical Staff Bylaws and on September 24, 2008, and separate sets of Medical mentation as evidenced by gical Staff Bylaws: (name) Wake County, December ical Staff Hospital A, June it: (name) Satellite A nty, December 2007  Staff Credentials Manual, ction of Medical ylaws: (name) Satellite A nty, stated "Recognizing that ogical Staff functions as an ellite A) to insure quality of glcal care, and that the are met by concerted effort, Optometrists,and Nurse in (name) Satellite A selves in conformity with the ted, hall be interpreted to mean		338		PROPRIATE		
	define the role of the N A and delineates Medi the oversight of care, to These Bylaws shall p	ction of Bylaws of the A, statedThe Bylaws ledical Staff within Hospital cal Staff responsibilities in reatments, and services. provide for Medical Staff						

PRINTED: 10/03/2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING C B. WING 344001 09/25/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **300 VEAZEY ROAD CENTRAL REGIONAL HOSPITAL BUTNER, NC 27509** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATIONS TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) A 338 Continued From page 5 A 338 responsibility in evaluating the competency of privileged practitioners and delineating the scope of practice of privileged practitioners and for Medical Staff leadership in (name) Hospital A performance improvement activities, ...The term "Hospital" shall be interpreted to mean (Name) Hospital A." Interview with the Clinical Director on September 24, 2008, at 1245 revealed Hospital A had 2 separate medical staffs, one medical staff at the Wake County Satellite A and one medical staff at Hospital A. The interview revealed there are two sets of Bylaws, one for each Medical Staff, Further interview confirmed one of the differences is the Medical Staff at the Satellite A campus allows psychologist to be members of the Medical Staff and Hospital A's Medical Staff does not allow psychologist to be members of the Medical Staff. Interview with the Interim Hospital A Director, Clinical Director of Hospital A, State Operated Services Staff and Hospital A Administrative staff on September 24, 2008, at 1545 revealed not all

Medical Staff.

the medical staff at Satellite A campus will come to Hospital A but would stay at Satellite A. The interview revealed the President of the Medical Staff for Hospital A was Dr. XXX (name of Physician) and the President for the Medical Staff at Satellite A campus was Dr. ZZZ (name of Physician). The interview revealed when all the patients have been relocated from Satellite A (Wake County) to Hospital A (Granville County) is when the Medical staffs from Hospital A and Satellite A location will be "merged" into one

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CENTRAL REGIONAL HOSPITAL  (X4) ID  PREFEX TAG  SUMMARY STATEMENT OF DEPOID ACCES (BEACH DEPOIDENCY MUST BE PRECEDED BY PAUL TAG  A 338  Continued From page 7  Interview with DT, XXX (name of physician) on September 25, 2008 at 0840 revealed the physician was the President of the Medical Staff of Hospital A. The interview revealed the physician understood there was "one hospital on paper" but there were two sets of Bylaws and two separate Medical Staffs. The interview revealed if the physician is working at Satellite A location, the physician is to follow the Satellite A's Med / Psy Bylaws, rules and regulations and if the physician is working at Hospital A The interview revealed at Satellite A The interview revealed at Satellite A The interview revealed at Satellite A The interview revealed A's Medical Staff to May rules and regulations. The interview revealed at Satellite A the psychologist have full voting status as medical staff members which differs from Hospital A. The interview revealed Hospital A medical staff and bylaws were "modeled" after Hospital B.  During the interview September 25, 2008, with the Precident of the Medical Staff of Hospital A and Secretary of the Medical Staff of Hospital A and Secretary of the Medical Staff of Hospital A moderation on longer as Medical Staff at (name)" Satellite A campus and she wes "no longer the President of the Med / Psy Staff" for Satellite A campus and she wes "no longer the President of the Med / Psy Staff" for Satellite A campus and she wes "no longer the President of the Med / Psy Staff" for Satellite A campus and she wes "no longer the President of the Med / Psy Staff" for Satellite A campus and she wes "no longer the President of the Med / Psy Staff" for Satellite A campus and she wes "no longer the President of the Med / Psy Staff" to Satellite A campus and she wes "no longer the President of the Med / Psy Staff" to satellite A campus and she wes "no longer the President of the Med / Psy Staff" to Satellite A campus and she wes "no longer the President			344001	8. WN	NG			-
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES** 

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CENTRAL REGIONAL HOSPITAL  DAY OF THE SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FILL TAG)  REGULATORY OR ICS CIDENTFYNO INFORMATION TAG  A 338  Continued From page 8  been any specific training/orientation for the physicians for Hospital A regarding fire alarms. He interview revealed he had received information about the Hospitals from rumor and a local news paper. The interview revealed the medical staff is "out of the loop until the very and." The interview revealed an Menday, September 22, 2008, Dr XXX called a Medical Staff meeting for Thursday, September 26, 2003 at 1100.  At 0950, the surveyor and Dr. ZZZ were handed a folided white sheet of paper. Review of the document revealed a "MEMORRANDUM" which was electronically transmitted to (name) Hospital A Staff and (name) Satellite A Staff subject. "Merger." The memorandum stated:  "effective immediately, the new management structure, policies and procedures, edvisory and oversight committees will be in place to manage all of the services provided by (name) Hospital A, regardless of the locationThe Medical-Psychology Staff and Human Rights Committees of (name) Hospital A, regardless of the location.  Medical-Psychology Staff and Human Rights Committees of (name) Hospital A, wa are finalizing the training that has already begun and upon completion of the training implement the (name) Satellife A Staff and Human Rights Committee of (name) Hospital A, policies and procedures on the (name) Satellife and Human Rights Committee of the Medical Staff of Hospital A and / or the Secretary of the Medical Staff of Hospital A and / or the Secretary of the Medical Staff was not involved in any discussions or decisions of the immediate "abolishment" of the Medical Staff was not involved in any discussions or decisions of the immediate "abolishment" of the Medical Staff in Hospital A and / or the Secretary of the Medical Staff was not involved in any discussions or decisions of the immediate "abolishment" of the Medical Staff in Hospital			344001	в Ми	G		1	
EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION  A 338  Continued From page 6  been any specific training/orientation for the physicians for Hospital A regarding fire alarms, leyout of the units, and duress alarms. The interview revealed he had received information about the Hospitals from rumor and a local news paper. The interview revealed he medical staff is "out of the loop unit if he very and." The interview revealed an Monday, September 22, 2008, Dr XXX called a Medical Staff meeting for Thursday, September 25, 2008 at 1100.  At 0950, the surveyor and Dr. ZZZ were handed a folided white sheet of paper. Review of the document revealed a "MEMORANDUM" which was electronically transmitted to (name) Hospital A Staff and (name) Satellite A Staff, Subject: "Merger." The memorandum stated:  "effective immediately, the new management structure, policies and procedures, advisory and oversight committees will be in place to manage all of the services provided by (name) Hospital A, regardless of the location. The Medical-Psychology Staff and Human Rights Committees of (name) Statellite A are hereby abolished and are replaced by the Medical Staff and Human Rights Committees of (name) Statellite A policies and procedures on the (name) Statellite Computs"  Continued interviews revealed, the President of the Medical Staff of Hospital A policies and procedures on the (name) Statellite campus"  Continued interviews revealed, the President of the Medical Staff of Hospital A and / or the Secretary of the Medical Staff and not involved in any discussions or decisions of the immediate "abolishment" of the Medical Staff and not involved in any discussions or decisions of the immediate "abolishment" of the Medical Staff and Hospital A mot involved in any discussions or decisions of the immediate "abolishment" of the Medical Staff and Hospital A mot involved in any discussions or decisions of the immediate "abolishment" of the Medical Staff and Hospital A mot involved in any discussions					30	O VEAZEY ROAD		
been any specific training/orientation for the physicians for Hospital A regarding fire alarms, leyout of the units, and dureas elarms. The interview revealed he had received information about the Hospitals from rumor and a local news paper. The interview revealed the medical staff is "out of the loop until the very end." The interview revealed on Monday, September 22, 2008. Dr XXX called a Medical Staff meeting for Thursday, September 25, 2008 at 1100.  At 0950, the surveyor and Dr. ZZZ were handed a folded white sheet of paper. Review of the document revealed a "MEMORANDUM" which was electronically transmitted to (name) Hospital A Staff and (name) Satellite A Staff, Subject: "Merger." The memorandum stated:  "effective immediately, the new management structure, policies and procedures, advisory and oversight committees will be in place to manage all of the services provided by (name) Hospital A, regardless of the locationThe Medical-Psychology Staff and Human Rights Committees of (name) Satellite A sre hereby abolished and are replaced by the Medical Staff and Human Rights Committees of (name) Hospital A. We are finalizing the training implement the (name) Hospital A places and procedures on the (name) Satellite as already begun and upon completion of the training implement the (name) Hospital A policies and procedures on the (name) Satellite campus"  Continued interviews revealed, the President of the Med / Psy Staff of the Medical Staff and I may discussions or decisions of the immediate "abolishment" of the Med / Psy Staff immediate "abolishment" of the medical staff of mediate "abolis	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	LO BE	COMPLETION
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE S COMPL	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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A 341	policy number: APM-2008" under Section and disaster Privilege privileges (to fulfill an treatment, or service recommendation of the Staff or authorized de director or authorized de director or authorized temporary privileges care need."  Interview with Dr. ZZ campus Medical Staff 0825 revealed there in light time coverage from the starting 10-1-08. The responsible for the traphysicians covering, was concerned becaused been covering Satellit would be pulled to Hother Interview revealed would be covering the Satellite A campus. In physician would be assupervision by the parevealed the internist trained in when to call with a child or forensi internist would not be interview revealed should supervise these not see them	distrative Policy Manual B.005 effective date: July 21, B "Emergency, temporary as" revealed "B. Temporary important patient care, need): Upon the ne President of the Medical asignee, the Hospital Clinical designee may grant to meet an Important patient  Z (President of the Satellite A f) on 9-25-08 starting at was no on call schedule for or Satellite A campus anterview revealed she was aning and supervision of the The interview revealed she use the Residents that had the A campus on call at night to spital A effective 10-1-08, and she had been told internist an inght time on call for The interview revealed these asigned a 1A status requiring yichiatrist. The Interview on call will have to be I the psychiatrist such as a admission in which the qualified to admit. The a did not know how she a physicians since she may	A 341				

PRINTED: 10/03/2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A BUILDING B. WNG 344001 09/25/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE JOO VEAZEY ROAD **CENTRAL REGIONAL HOSPITAL** BUTNER, NC 27509 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION 1D CEACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG CROSS-REFERENCED TO THE APPR OPRIATE DEFICIENCY) A 341 Continued From page 11 A 341 revealed he was not aware of any meetings planned for the credentialing for the internal or family medicine (medicine) physicians to be taking psychiatric on call for night times for Satellite A campus. Interview with the Medical Director for Hospital A and Satellite A campus on 9-25-08 at 1320 revealed she was responsible for completing an on call schedule and one had been completed for Hospital A and one for Satellite A campus. The interview revealed the credentialing process is routinely initiated by the Credentials Coordinator and she was not sure where in the process she was at for the medicine physicians requesting psychiatric privileges. The interview revealed there were 13 medicine physicians on the on call schedule that had not had an examination of their credentials for psychiatric privileges completed yet. Interview with the Madical Director for Hospital A and Satellite A campus on 9-25-08 at 1410 revealed she had checked with the Credentlals Coordinator and the credentialing process of obtaining the information had not been started yet for the 13 medicine physicians. The interview revealed she was not aware until "now" that the application for request for privileges had not been sent to the physicians. The Interview revealed three named physicians and one nurse practitioner were on the credentials committee that reviewed the request for privileges, examined for competencies and recommended to the

Governing Body for approval. The interview indicated due to the timeframe temporary privileges may have to be granted.

Interview with the Credentials Coordinator on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) MUL 4. BUILD	ILTIPLE CONSTRUCTION DING	0	(X3) DATE SURVEY COMPLETED	
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A 341	9-25-08 at 1500 rever		A 34	41			
	psychiatric on call state completed. The inter- had not been given the The Interview reveale signed off on the appropriate the complete	arting October 1 was not rview revealed the physicians the request for privileges yet, and the Clinical Director					
A 395	1625 revealed the creatogether all the information would review the information would go Medical Staff. The intoeen signing off for the for temporary privilegine was aware that the Medical Staff bylaws privileges was not be revealed he was not a taking psychiatric on thad not been sent the privileges required to	e. The interview revealed he	A 39	95			
,	This STANDARD is r Based on review of th description, medical n physician interviews the	not met as evidenced by: he hospital's staff nurse job records reviews, staff and the hospital's nursing staff a physician's order for 1 of 2					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
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A 395	Form" for a "Nurse B' revealed "IB. Prim The Nurse B assume planning, implementa nursing care for a det The Nurse Bas a ninterventions II. A. Responsibilities and Interventions to addressing care using the Implements therapeu interventions to addressing that HCTs (h follow plan of care Documents patient concurred that HCTs (h follow plan of care Closed record review year-old male admitted suicide attempt, elcohologopession. Review treatment plan initiated 09/02/2008 revealed malnutrition/underweighysician's document dated 09/04/2008 at noted by nursing staff of 92.4 (degrees) & (to Review of the "Flow Stemperature as follow 92.4 degrees, 1115 - degrees, 1420- 96.7 (degrees, 1600 - 97.7 degrees, 2205 - 95.5)	al's "Position Description ' (staff registered nurse) hary Purpose of Position: s the responsibility for ition, and evaluation of signated group of patients. hurse conducts therapeutic Description of Duties 1. Provides direct e nursing process. 4. tic Interventions6. Plan least patient needs and lealth care technicians) C. Communication 4. lare in medical records"  of Patient #3 revealed a 55 led on 09/02/2008 with hol dependence and of the initial medical led by a physician on "Problems: light". Review of the tation on the progress notes 1015 revealed "Pt (patient) f c (with) temp (temperature) and) rechecked of 92 also". Sheet" revealed the patient's rs. 09/04/2008 at 1015 - 95.5 degrees, 1330 - 96.7 degrees. 1425- 95.7 degrees. 1730 - 97.7 degrees, 2300 - 97 degrees, 96.2 degrees, 0500 - 98.2	A	395			
		degrees, 1025 - 97 degrees,					

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A 395  Continued From page 14  1125 - 97.3 degrees, 1800 - 97.1 degrees, 2000 - 98.1 degrees. Review of the physician's orders dated 09/04/2008 at 0945 revealed "place pt on bedrest cwarming blankets and hat for head". Further review of the physician's orders dated 09/04/2008 at 1100 revealed "Please get knitted cap for p". Review of the prosician's orders dated 09/05/2008 at 1100 revealed "Toboggan hat 24/7 (Volunteer Services will provide)". Review of the record revealed no documentation that a covering was placed on the patient's head as ordered by the physician Interview on 09/25/2008 at 0935 with Patient #3's physician (Staff #16) revealed "I got a call from the nurse that (Patient #3's) temperature was 92.4. I asked them to check it redaily. There was poor organization on the unit. They didn't know where to find a rectal thermometer so I called the Geri (geristric psychiatry) unit and they had one so I went to get it. His temperature was 97.4 rectally so I ordered for him to have a knit cap like a toboggan placed on his head. They told me there was none available. The next day he still didn't have one on so I called volunteer services, they found siz" Interview further revealed the patient had no subcutaneous tissue and was oversedated "causing him to have a low lamperatura". Interview revealed "I had to write the order for the cap three times before it was done".  Interview on 09/25/2008 at 1000 with the nursing supervisor shift manager on the adult admissions unit (Staff #17) revealed "I didn't know where to find a cap. I spoke with (Director of Nursing) about it. In the meantime, (named doctor) spoke with volunteer services about it and they were able to find a toboggan". Interview revealed "I	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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A 395	Continued From page 15		A 395			
	see in the notes when in warm blankets". It nursing notes reveals patient's head was withterview confirmed to	re the patient was wrapped nterview confirmed the ad no documentation that the				
A 724	482.41(c)(2) FACILIT EQUIPMENT MAINT		A 724			
		nd equipment must be an acceptable level of				
	Based on policy and observation during to staff interviews, the n an acceptable level o glucose meter's quali	not met as evidenced by, procedure review, urs, nursing management ursing staff falled to ensure if safety and quality for 3 of 3 ty control solutions observed tent care units (#1, #2, #3).				
	Name) Blood Glucosi Outline," copyright 20 management staff on revealed "Hands-on T and a High control so expiration date on bor expiration date (90 da (expiration date) on b  1. Observation duning Admissions Unit on 0	Fraining1 Perform a low lution testb Explain the title vs opened bottle lys). c. Record open date ottle"  If tour of the E2 Acute 9-23-2008 at 1520 revealed				
	1 glucose meter avail glucose level of paties	able for testing the blood nts. Observation of glucose opened High and Low				
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A 724	tour of the E2 Acute / 09-23-2008 at 1520 r observed was available levels for patients on the glucose meter receivery 24 hours. Inter responsibility of the snew control solution, the quality control solution interview confirmed in the open date on the solution bottle labels.  2. Observation during Admissions Unit on 0 1 glucose meter avail glucose level of patie meter #2 revealed and control solution bottle 06-11-2008 (opened expired)) recorded on label.  Interview with nursing management staff du Admissions Unit on 0	s with no open date e labels.  I management staff during Admissions Unit on evealed, the glucose meter ole to obtain blood glucose the unit. Interview revealed quired quality control checks view revealed it is the taff member that opened a to record the open date on ution bottle label. Further ursing staff failed to record High and Low quality control for glucose meter #1.  If tour of the D2 Acute 9-23-2008 at 1549 revealed able for testing the blood ints. Observation of glucose opened High and Low s with an opened date of 104 days prior [14 days each control solution bottle  I staff and nursing ring tour of the D2 Acute 9-23-2008 at 1549 revealed,	A 724	DEFICIENCY		
	obtain blood glucose unit. Interview reveal required quality control interview revealed the control solutions expir opened. Interview remember performing the control solutions in the control solut	ol checks every 24 hours.  High and Low quality				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED	
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Further Interview contidiscard the expired H solution bottles upon Interview confirmed the used to test patient bit past 14 days  3. Observation during on 09-24-2008 at 104 available for testing the patients. Observation revealed an opened H solution bottle with not bottle labels.  Interview with nursing tour of the F2 Medica revealed, the glucose available to obtain blot patients on the unit I glucose meter require every 24 hours. Interview control solution, the quality control solution, the quality confirmed not interview confirmed not solution, or the quality confirmed not solution, the quality confirmed not solution, the patients with the quality confirmed not solution.	he solutions are not expired. firmed nursing staff failed to ligh and Low quality control expiration 14 days prior, he glucose meter had been lood glucose levels in the  g tour of the F2 Medical Unit 15 revealed 1 glucose meter he blood glucose level of h of glucose meter #3 High and Low control o open date recorded on the  g management staff during I Unit on 09-24-2008 at 1045 meter observed was lood glucose levels for interview revealed the ed quality control checks view revealed it is the taff member that opened a to record the open date on ution bottle label. Further lursing staff failed to record High and Low quality control	A 724				

Event ID: G88E11

Facility ID: 956129

If continuation shoot Page 18 of 18

